

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

**APPLICATION FOR AN ESTABLISHMENT LICENSE – TO
BE COMPLETED BY OPERATOR OF ESTABLISHMENT**

OFFICE OF TATTOOING, BODY PIERCING AND BRANDING
PO BOX 1335
JEFFERSON CITY, MO 65102-1335
TELEPHONE: (573) 526-8288
FAX: (573) 526-3489

INSTRUCTIONS

- Please read this form before completing. This form must be typed or printed legibly in black ink.
- Provide complete information. Incomplete information will delay review of your application.
- Enclose the appropriate application fee (listed below) made payable to the Office of Tattooing, Body Piercing and Branding. Payment must be in the form of check or money order.
- All fees are nonrefundable.
- Pursuant to §324.024, RSMo, disclosure of your social security number (SSN) is mandatory. The board will not publicly disclose your SSN without your consent, unless such disclosure is permitted by federal or state law. However, state law allows the board to disclose your SSN in connection with any civil, criminal, administrative or arbitral proceeding, in an investigation in anticipation of litigation, pursuant to a court order, and in the performance of a statutory or constitutional duty or power. The board can also disclose your SSN to another government agency (federal, state or local) and to a private person or entity acting on behalf of, or in cooperation with, a state entity. State law requires the board to provide your SSN to child support and tax compliance officials.
- **DO NOT SEND THIS APPLICATION TO THE OFFICE UNTIL THE ESTABLISHMENT IS READY FOR INSPECTION.**

PLEASE INDICATE BELOW THE REASON FOR FILING THIS APPLICATION (CHECK ONE).

☐ NEW ESTABLISHMENT ☐ CHANGE OF NAME ☐ CHANGE OF OWNERSHIP ☐ CHANGE OF LOCATION

It is understood that a license will not be granted until the establishment has been inspected and approved by the office. Licenses are not transferrable.

THIS APPLICATION IS BEING SUBMITTED FOR AN ESTABLISHMENT LICENSE AS A

- ☐ \$200 TATTOOING ESTABLISHMENT
☐ \$200 BODY PIERCING ESTABLISHMENT
☐ \$200 BODY BRANDING ESTABLISHMENT
☐ \$300 COMBINED ESTABLISHMENT (Please check the appropriate categories below.)
☐ TATTOOING ☐ BODY PIERCING ☐ BODY BRANDING

Note: The establishment will be licensed for only the category(ies) you have checked above. If the establishment increases the categories for which it will be used, you will be required to file a new application and pay the appropriate fee for a new license. If the establishment reduces the categories for which it is licensed, you must surrender the license and notify the board of the changes in its use. A duplicate license will be issued at no additional fee.

1. NAME OF ESTABLISHMENT

D/B/A*

*IF THE ESTABLISHMENT IS GOING TO OPERATE UNDER ANY OTHER NAME, PLEASE INDICATE THE DOING BUSINESS AS (D/B/A) DIRECTLY UNDER THE NAME OF THE ESTABLISHMENT.

2. PHYSICAL ADDRESS OF ESTABLISHMENT (STREET, CITY, STATE, ZIP)

COUNTY

3. MAILING ADDRESS, IF DIFFERENT FROM ABOVE (STREET, CITY, STATE, ZIP)

4. TELEPHONE NUMBER

5. ESTABLISHMENT IS OWNED BY

SOCIAL SECURITY NUMBER OF OWNER(S)

6. E-MAIL ADDRESS

7. FAX NUMBER

SELLING RETAIL

☐ Yes ☐ No If yes, Missouri State Tax Identification Number:

8. IF CORPORATION OR PARTNERSHIP, NAME THOSE WHO HAVE CONTROLLING INTEREST AND THEIR TITLES, IF ANY

9. IF CORPORATION, NAME OFFICERS

NAME

TITLE

10. IF CORPORATION, IN WHAT STATE IS THE CORPORATION INCORPORATED?

11. CORPORATE REGISTRATION NUMBER, IF ANY

12. ADDRESS OF CORPORATE OFFICE (STREET, CITY, STATE, ZIP CODE)

IMPORTANT: Explanations required to the following questions (13, 14, 15 & 16) must be on a separate sheet and signed by you before a notary public and notarized. Please include applicable copies of all court documents.

	YES	NO
13. Have you ever been arrested, charged, subject to prosecution, indicted, found guilty, or entered a plea of guilty or nolo contendere, in a criminal prosecution under the laws of any state or of the United States whether or not sentence was imposed? Applicants must answer "yes" even if a suspended imposition of sentence or suspended execution of sentence was received/ordered.	<input type="checkbox"/>	<input type="checkbox"/>
A. If "yes", are you currently on probation?	<input type="checkbox"/>	<input type="checkbox"/>
14. Has any owner of this establishment ever had his/her tattooing, body piercing or branding license disciplined for any cause? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
15. Has any owner of this establishment ever been an owner of a tattooing, body piercing or branding business which had its license disciplined? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>
16. Has any owner of this establishment ever been the subject of discipline before any state board? If yes, explain fully.	<input type="checkbox"/>	<input type="checkbox"/>

17. FORMER NAME OF ESTABLISHMENT

18. NAME(S) OF FORMER OWNERS

19. THE ESTABLISHMENT IS UNDER THE GENERAL MANAGEMENT AND SUPERVISION OF	
NAME	LICENSE NO.

20. ADDITIONAL PRACTITIONERS PROVIDING SERVICES AT THIS ESTABLISHMENT ARE					
NAME	LICENSE NO.	NAME	LICENSE NO.	NAME	LICENSE NO.

Pursuant to Section 324.010 RSMo:

☐ **CHECK THIS BOX ONLY IF IN ALL OF THE LAST 3 YEARS: YOU WERE NOT A MISSOURI RESIDENT, YOU DID NOT HAVE ANY MISSOURI INCOME, AND YOU ARE NOT SUBJECT TO ANY TYPE OF MISSOURI INCOME TAX.**

False statements are subject to criminal penalties and/or license discipline.

**If you have any questions regarding taxes contact the Department of Revenue at 573-751-7200
or e-mail income@dor.mo.gov.**

SWORN AFFIDAVIT

I, _____, being first duly sworn upon my oath, state as follows:

That I have personally completed the foregoing application truthfully and completely, without omissions;

That all the information and answers contained in the foregoing application and any attachments thereto are true and correct to my best knowledge and belief; and

That I further understand that if the establishment does not pass inspection, I will be notified in writing of the deficiencies and have thirty (30) days upon receipt of the notification to submit a plan of correction to the Office of Tattooing, Body Piercing and Branding. After thirty (30) days, if I have not acknowledged the deficiencies, filed an acceptable plan of correction with the office, or I fail to complete the acceptable plan of correction, the office may file a complaint with the Administrative Hearing Commission, and

That I realize that I made this affidavit knowingly, and that any false statement or material omission herein subjects me to criminal penalties for making a false affidavit under section 575.050, RSMo.

MUST BE SIGNED IN PRESENCE OF NOTARY	SIGNATURE OF APPLICANT(S) ▶		TITLE	DATE
	STATE		COUNTY (OR CITY OF ST. LOUIS)	
	SUBSCRIBED AND SWORN BEFORE ME, THIS DAY OF		YEAR	USE RUBBER STAMP IN CLEAR AREA BELOW.
	NOTARY PUBLIC SIGNATURE		MY COMMISSION EXPIRES	
NOTARY PUBLIC EMBOSSE OR BLACK INK RUBBER STAMP SEAL	NOTARY PUBLIC NAME (TYPED OR PRINTED)			